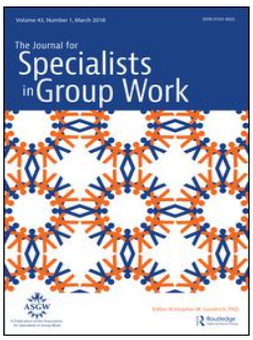

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Group Work with Adult Survivors of Childhood Abuse and Neglect: A Psychoeducational Approach

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Group Work With Adult Survivors of Childhood Abuse and Neglect:
A Psychoeducational Approach

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In this article, the authors describe a psychoeducational group model for adult survivors of childhood abuse and neglect. The model is specifically designed to assist group members to receive support and validation, to identify the effects of abuse on present functioning, and to learn new life skills.

Keywords: *adult survivors of child abuse; psychoeducational group models*

Childhood abuse is a widespread and significant social problem. According to statistics collected in 1999 by the National Child Abuse and Neglect Data Collection System, the rate of childhood victimization was estimated at 11.8 out of every 1,000 children. Of those children who were abused, three fifths experienced neglect, one fifth were physically abused, and 10% experienced sexual abuse (U.S. Department of Health and Human Services, 2001). Due to the severe impact of childhood maltreatment, it is not surprising that survivors of childhood abuse and neglect are at risk for a wide range of psychological symptoms and clinical disorders that result in long-term mental health impairment. These include posttraumatic stress disorder (PTSD) and dissociative disorders, depression, generalized anxiety, phobias, self-destructive behaviors (i.e., self-mutilation, substance abuse, suicidality, eating disorders), problems in interpersonal and intimate relationships, impaired self-

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esteem, disrupted identity formation, and sexual victimization in adulthood (Gorey, Richter, & Snyder, 2001; Lubin, Loris, Burt, & Johnson, 1998; Owens, Pike, & Chard, 2001; Sanders & Moore, 1999; Thomas, Nelson, & Sumners, 1994; Westbury & Tutty, 1999; Zaidi, 1999).

The purpose of this article is first to provide an overview of some of the long-term effects of child abuse in adult survivors' lives and then to discuss the ways in which their needs can be addressed through group work. Next, a psychoeducational support group model for adult survivors of child abuse and neglect is described. The model is specifically designed to assist members to receive support and validation, to identify the effects of the abuse on present functioning, and to learn new life skills.

SURVIVORS' NEEDS AND GROUP WORK

Adult survivors frequently develop difficulties in trusting themselves and others due to the betrayal they experienced in early significant relationships. Children who are abused learn to believe that others desire to hurt them and that their needs will not be met, often resulting in the development of learned helplessness (Ainscough & Toon, 1993; Webb & Leehan, 1996). As adults, survivors are often unable to see the options available to them in a given situation, do not view themselves as powerful, and feel incapable of solving problems or making decisions to guide the direction of their lives (Webb & Leehan, 1996). Without a basic sense of competency and control, survivors often experience low self-esteem, feel unworthy of care and attention, and perceive themselves as different from others (Cameron, 2000).

Adult survivors of child abuse also experience a range of interpersonal difficulties (Bagley & Young, 1998; Hall & Lloyd, 1993; Webb & Leehan, 1996). Believing that others are not to be trusted, many survivors live in social isolation due to their fears of rejection (Werner & Kurpius-Robinson, 1995). Conversely, survivors may have difficulty in distinguishing healthy relationships from unhealthy ones and may become involved in relationships that are destructive or abusive (Hunter, 1995; Webb & Leehan, 1996). Survivors may also experience problems in relationships due to a lack of skills in interpreting social cues required for interpersonal communication. If they never learned effective communication patterns, they may have particular difficulties in setting appropriate physical and emotional boundaries, in asserting their needs, and in managing conflict with others (Webb & Leehan, 1996).

Despite long-term effects of childhood abuse and the social stigma often attached to victims, it is possible for survivors to recover and to eventually view their experiences as a source of strength in their lives (Kreidler & Fluharty, 1994; Zaidi, 1999). According to Bratton (1999), survivors already possess the tools needed for healing and can learn to draw on their tenacious survival skills. Survivors progress in recovery by processing emotions related to the abuse, recognizing how the past affects current functioning, identifying cognitive distortions and gaps in life skills, and then developing the basic emotional and interpersonal skills needed for changing these beliefs and behaviors in the present (Bratton, 1999). Gradually, survivors can integrate their perceptions of the abuse into their life histories and ultimately find meaning in the experience (Lubin et al., 1998).

Group work is highly recommended for adult survivors of childhood abuse as a part of this recovery process (Ferrara, 2002; Harris, 1998; Harrison, 2001; Randall, 1995; Shaffer, Brown, & McWhirter, 1998; Werner & Kurpius-Robinson, 1995; Zaidi, 1999). Groups are beneficial to survivors in a number of ways. First, groups serve as a support system and help members develop a sense of belonging, thereby reducing their sense of isolation (Armsworth & Stronck, 1999; Draucker, 1999; Zaidi, 1999) and instilling a sense of hope (Gorey et al., 2001). Developing relationships within the group reduces the mistrust of others that survivors often experience, and this opportunity helps them begin to form more meaningful relationships with others (Ainscough & Toon, 1993; Draucker, 1999; Lubin et al., 1998). As members identify with other survivors' experiences, their reactions and perceptions of the abuse are normalized (Shaffer et al., 1998). Survivors are also able to gain self-esteem as their experiences are validated (Draucker, 1999; Ferrara, 2002).

Second, the group process can enhance members' self-awareness concerning how current beliefs and coping strategies are connected to the abuse in the past (Ainscough & Toon, 1993; Shaffer et al., 1998). Groups enable members to challenge and modify maladaptive beliefs related to safety, trust, power, self-esteem, and intimacy (Ainscough & Toon, 1993; Owens et al., 2001; Thomas et al., 1994; Zaidi, 1999). Third, group work can be an effective venue for learning interpersonal skills and anxiety management strategies and can provide a safe environment for members to practice new skills and behaviors (Corey & Corey, 2001; Ferrara, 2002; Shaffer et al., 1998; Zaidi, 1999). Finally, groups offer survivors the opportunity to help other members, providing an altruistic experience in which they view themselves as useful and capable (Courtois, 1988; Harrison, 2001).

In the following paragraphs, the authors describe a psychoeducational support group model that incorporates these aspects of group

work to assist survivors in their recovery. Webb and Leehan (1996) suggest four stages through which survivors progress as they heal from childhood abuse: (a) acknowledging the abuse, (b) processing the emotions related to the abuse, (c) identifying the effects of the abuse on present functioning, and (d) learning new strategies for effectively managing their lives. Because support groups are particularly beneficial for survivors in the last two stages of healing (Bratton, 1999), the group model presented in this article is specifically designed to meet the needs of adult survivors of child abuse and neglect in the later stages of the recovery process.

PSYCHOEDUCATIONAL SUPPORT GROUP FOR ADULT SURVIVORS OF CHILD ABUSE AND NEGLECT

Procedural Issues

The model presented in this article is a description of two cycles of a psychoeducational support group held in the summer and fall of 2001. The group originated at the request of a male survivor who contacted a local Prevent Child Abuse (PCA) agency for support services. He was informed that although there was an ongoing community support group for female survivors of sexual abuse, there was no such group available for men, nor were any groups available for survivors of other types of childhood abuse. A lack of resources and support groups for males is common in many communities (Thomas et al., 1994). One of the local coordinators of PCA (second author) then approached a counselor education program faculty member (first author) to seek the program's support in developing a mixed-gender psychoeducational support group for survivors of child abuse and neglect. The first author initiated the support group and provided ongoing supervision to group leaders. The second author coordinated the group, compiled resources for psychoeducational segments, and was the primary leader of the group sessions, which met for 90 minutes each week for 10 weeks.

Eligibility criteria. Because of a noted lack of community resources for adult survivors, the group was open to adult male and female survivors of childhood neglect and physical, sexual, or emotional abuse. Whereas many groups described in the literature limit membership to only one gender or type of abuse, both Webb and Leehan (1996) and Draucker (1999) argued that more heterogeneous survivor groups help members both recognize the universality of the effects of childhood abuse as well as understand gendered perspectives concerning their

abuse experiences. A second membership criterion was based on the nature of the psychoeducational group format. Because the group was primarily designed for survivors in the later stages of recovery, all candidates for the present group were expected to have previously acknowledged the abuse experience and have processed their emotional reactions to the abuse through individual or group counseling (Webb & Leehan, 1996; Zaidi, 1999).

General group goals, adapted from group goals described by Draucker (1999), Harris (1998), Webb and Leehan (1996), and Zaidi (1999), were as follows: (a) to reduce members' sense of isolation; (b) to provide a safe and supportive environment in which members could identify the effects of past abuse experiences on their present thoughts, feelings, and behaviors; (c) to assist members in changing maladaptive beliefs about issues related to trust of self and others, power, self-esteem, and intimacy; and (d) to provide opportunities for the practice of interpersonal skills and other coping strategies that enable members to meet their personal needs and take control of their lives.

Marketing, recruiting, and selecting members. The methods used for advertising the group included a newspaper press release, fliers (displayed on campus, at area businesses, and at local nonprofit organizations), announcement letters to community agencies and mental health professionals in private practice, and individual networking with other professionals. The newspaper announcement, appearing in the Sunday edition of the local paper for several consecutive weeks, was the most successful recruitment strategy. Advertising for the group began several months prior to the group's projected starting date.

Advertisements instructed interested individuals to contact the local PCA agency to receive additional information about the group. Once contacted, staff from the agency then forwarded the candidate's name and telephone number to the group coordinator (second author). The group supervisor (first author) selected three additional counseling graduate students with supervised experience in group leadership to assist the coordinator in conducting the screenings and to serve as coleaders of the group. One of the four leaders telephoned each potential member to conduct a screening interview. It is the ethical responsibility of group workers to conduct screenings to ensure that selected participants will benefit from the group experience (Association for Specialists in Group Work, 1998; Couch, 1995; Shaffer et al., 1998). Furthermore, the most effective screenings are those in which candidates are able to give and receive specific information as well as to offer feedback and ask questions (Couch, 1995; Zaidi, 1999). In efforts to meet these standards,

the first author and group leaders designed a 26-question, interactive screening protocol. The screening document included questions concerning demographic information (e.g., age, gender, living arrangement, employment status), availability of social support, abuse history, effects of abuse on present functioning, current alcohol and other drug use, status of daily functioning (including suicidal ideation), experience with prior and/or current treatment, the candidate's expectations for the support group, and his or her concerns about participation in the group.

Following each screening, the leader contacted the group supervisor and other group leaders to make a collaborative decision concerning the candidate's inclusion in the group. Because group work is typically contraindicated for individuals experiencing current crises, suicidal ideation, chronic mental disorders (i.e., schizophrenia, psychosis, major depression, paranoia, substance abuse disorders) or for those who are aggressive or hostile (Corey & Corey, 2001), leaders screened candidates according to these criteria in addition to the eligibility requirements previously described. The leaders promptly telephoned all candidates to inform them of the leadership team's recommendations.

During the two 10-week group cycles, a total of 12 potential members were interviewed. Of these, two individuals were excluded from the group and referred to other community mental health resources for individual counseling. During the first group cycle, the group was initially made up of six members; however, two of the candidates who agreed to participate did not attend any group sessions. The second group was also initially made up of six members. Two of the members attended only one session; one did not return due to scheduling difficulties, and the other reported that she was not ready to participate in a group at the present time. Because they expressed a desire to continue their membership in the group, two members from the first group cycle also continued in the second group cycle. The members in both groups were Caucasian, ranging from 29 to 46 years of age. In both groups, three of the participants were female and one participant was male. All were employed or attending school full-time. Five of the members had been sexually abused, two had experienced physical abuse, four reported emotional abuse, and four reported neglect. Five members had also been involved in at least one abusive relationship as an adult.

Group leaders. Leaders of the adult survivors group were four Caucasian, female, master's-level community counseling graduate students with supervised experience in group process and leadership. During the two 10-session group cycles, leaders received weekly supervision from the first author in the form of live observation and supervision (via two-

way mirrors and the use of a phonic ear device) or through regularly scheduled 1-hour individual supervision sessions. As recommended by Hall and Lloyd (1993), a coleadership model was used during the first 10-session cycle. Because the second author had considerable training and experience in working with adult survivors of child abuse through her employment as a coordinator at PCA, she led the group each week while the other three leaders rotated as coleaders.

Three of the four graduate student counselors continued to serve as leaders during the second cycle. Due to the limited number of participants and leaders, student leaders' time and scheduling restraints, and leaders' increased experience in leading the group, the use of only one leader per session was deemed appropriate for the second cycle. All three leaders were present for the 1st and 10th sessions but alternated leadership responsibilities during sessions 2 through 9. Although this leadership structure was not ideal for a group of this nature, the leadership schedule was discussed at the beginning of each session, and members were consistently encouraged to process their reactions to the rotation of leaders. Participants were fully informed of the leadership model, leader qualifications, and supervision arrangements.

Group format and structure. Because time-limited models are generally recommended for group work with adult survivors of child abuse (Draucker, 1999; Shaffer et al., 1998), the leadership team designed a time-limited model to help members stay motivated to accomplish goals within the 10-week time period and to facilitate group trust and cohesion (Draucker, 1999). The group met one evening per week for 90 minutes in the counselor education program's laboratory group room. The leaders provided beverages and snacks so that members could eat and socialize prior to the group meetings. The weekly agenda included a member check-in followed by an interactive psychoeducational segment (Lubin et al., 1998; Shaffer et al., 1998). The format also included the use of cognitive restructuring techniques (Owens et al., 2001), interpersonal communication skills training, and strategies for enhancing coping skills (Cameron, 2000; Webb & Leehan, 1996). To further structure the sessions, leaders used a dry erase board to emphasize important details and to assist members in brainstorming ideas. Sessions closed with a brief wrap-up and a "paper hug exchange" closing ritual. During this exchange, participants wrote notes to any of the other members or leaders whose comments were particularly helpful or meaningful. In this way, members and leaders received written, positive feedback they could take away from the group and refer to throughout the week. Members were encouraged to save their "hugs" to use as a self-care resource.

SUMMARY OF GROUP SESSIONS

Session 1: Introduction and Goal Setting

During the first session, brief introductions were made, followed by a distribution of written group materials. Leaders reviewed the group contract that outlined procedures for informed consent. All members signed the contracts and were given copies of their signed documents. Members also signed forms indicating their consent to be observed and videotaped. Furthermore, they agreed to the use of their comments for the purposes of this article. University procedures for informed consent concerning the use of information for the purposes of this research were followed.

Members were then given a list of discussion topics to be used as possible session themes. Participants were asked to evaluate their interest in each topic and to supply any additional topics they believed would best meet their needs. Next, leaders initiated a discussion of the importance of goal setting (as recommended by Corey & Corey, 2001; Shaffer et al., 1998) and reviewed general group goals as previously described. Members were also given a personal goal setting worksheet to assist them in the formulation of individual goals for the 10-session group. Finally, leaders explained the paper hug technique to be used as a ritual at the close of each group session. Members closed the first session by describing one hope and one fear they had concerning the upcoming group experience. Several group members hoped to gain better coping and social skills and potential friends through the group. Fears expressed by group members included the prospect of discussing past abuse and concerns about trusting other group members. Members were asked to complete the discussion topics list and personal goals worksheet as homework.

Session 2: Trusting Self and Others

After checking in with members about unresolved thoughts and feelings from the first group session, members were asked about their experience in completing the personal goals and discussion topics worksheets. Members listed such personal goals as getting support, developing better interpersonal skills, building self-esteem, and feeling less judged. Members were asked to place their goals worksheet in a sealed envelope to be held by leaders and then reopened during the final group session.

The discussion topics most requested by the group included self-esteem, trust, coping skills, anger and conflict, and interpersonal rela-

tionships. The leaders predetermined that the issue of trust would always be the first topic addressed during each group cycle so that members' concerns about trust and safety within the group could be addressed at the initial stage of each group's development (Corey & Corey, 2001). Leaders initiated this discussion by exploring how members could help each other develop and maintain trusting relationships with leaders and members. For example, certain members were concerned that listening to others recount their traumatic childhood experiences might trigger flashbacks or cause other negative reactions. As a safety precaution, members agreed to alert the group prior to discussing details of their abuse experiences so that concerned individuals could excuse themselves from the session during these discussions.

The leaders also facilitated a discussion concerning trusting self and others. A leader wrote the word *trust* on the dry erase board, and members commented on their difficulties in trusting their judgment in interpersonal situations. Two members described their difficulty in trusting mental health professionals, as their abuse experiences had not been validated in previous counseling experiences. As a homework assignment, leaders provided members with two handouts concerning trust issues adapted from *Outgrowing the Pain: A Book for and About Adults Abused as Children* (Gil, 1998).

Sessions 3 and 4: Self-Esteem and Personal Power

Although self-esteem was addressed as a separate topic, group leaders found that low self-esteem was a recurring theme throughout both cycles of the group. Members repeatedly referred to ways in which a negative self-concept kept them from taking risks or making changes in their lives. During Session 3, members discussed the ways in which their current view of themselves is affected by the abuse from their pasts. Themes emerging in this area revolved around a mistrust of self and feelings of being "different" or "abnormal." One member described how the abuse experience caused her to feel separated and isolated from other children while growing up. As she grew older and began to interact with others more frequently, she learned that her fears and insecurities were not unlike those of others. She described this validation as bolstering to her self-esteem. To close the session, members completed and discussed a Self Esteem Inventory, adapted from *Life After Trauma: A Workbook for Healing* (Rosenblum & Williams, 1999), and processed their responses as homework.

In Session 4, self-esteem was explored in relation to personal power and control. Several members initially reported that they saw power and control as negative and associated these words with their abusers.

Leaders initiated a discussion to assist members in recognizing these types of cognitive distortions related to power and control. During this session, members began to recognize how they could use personal power to actively restructure beliefs from the past that are no longer valid in the present. In this way, members worked to restructure their views of power and control as positive. During the week, members were asked to complete a Daily Mood Log (adapted from *Ten Days to Self-Esteem* by Burns, 1993) on which they recorded their negative thoughts, identification of any cognitive distortions, and how they replaced the distortions with positive thoughts.

Sessions 5 and 6: Emotional Boundaries and Interpersonal Relationships

The next two sessions focused on the importance of setting boundaries and being more assertive in interpersonal relationships. As suggested by Harris (1998), group members explored issues related to setting limits with others. Leaders asked each member to think of a situation in which he or she was currently having difficulty in setting limits with others. Members primarily discussed their difficulties in expressing their wants and needs in relationships. The group brainstormed strategies to assist each member with his or her situation. As homework, members were asked to say "no" or express an "I want" statement in at least one situation they found difficult (Harris, 1998).

Session 6 focused on interpersonal relationships. Members described a perceived inability to trust themselves in relationships and expressed uncertainty concerning how their personal values, ideas, and opinions might be perceived by others. One member stated that she was fearful of sharing her personal views with potential romantic partners because she believed that she would be rejected because of her values. Other members validated her opinions and stated that they held similar beliefs. As this member gained confidence in her ability to share herself with others, she reported that she was able to establish a friendship with a coworker and to begin a dating relationship with an acquaintance. In addition to these discussions, leaders also distributed three handouts concerning boundaries and interpersonal relationships adapted from Rosenblum and Williams (1999) to read as homework.

Sessions 7 and 8: Managing Conflict and Developing Coping Skills

To begin Session 7, leaders wrote the words *conflict* and *anger* on the dry erase board and members brainstormed their reactions to these

words. Leaders assisted members in identifying the relationship between their abuse experiences and how they currently express anger and handle conflict. Several members agreed that it was hard for them to "stand up for themselves" in conflict due to their feelings of low self-worth. Furthermore, they stated that they generally seek to avoid conflict, particularly with authority figures. Members also discussed ways that they approach conflict and examined particular situations in which they avoid conflict. Leaders distributed handouts concerning interpersonal conflict (Borchers, 1999) and communication styles (Sherman, 2001) for members to review as homework.

In the following session, the group addressed the topic of coping strategies and methods for self-care. Members began the session by discussing how the abuse they experienced in childhood may have affected or limited their repertoire of coping strategies. To assist them with reviewing their coping strategies, members completed a "Ways I Cope Checklist" (Rosenblum & Williams, 1999). During a discussion of current and past strategies, members mentioned several maladaptive coping methods, including self-mutilation, isolating, and working excessively. Members were asked to make a list of at least five healthy strategies they could use when they have difficulty coping effectively. They were asked to write these on notecards they could carry with them throughout the week. The concept of self-care was also emphasized, particularly with regard to members' difficulties in incorporating pleasurable or self-soothing activities in their daily routines. They discussed how the abuse experience made it difficult to feel entitled to have pleasure in their lives. To address this issue, leaders then asked, "What are the ways in which you can begin to bring pleasure into your life?" Handouts concerning self-soothing activities were distributed for further reading (Adult Survivors of Child Abuse, 2001).

Sessions 9 and 10: Healing and Closure

Leaders used the words *healing* and *forgiveness* as a brainstorming prompt to begin Session 9. As suggested by Harris (1998), questions to guide this discussion included, "What is the biggest issue for you in healing?" "What more would need to change for you to feel you had recovered?" "What has been your greatest strength in the process of healing? What has been the biggest obstacle?" and "What is the role of forgiveness in your recovery?" One member shared that having her abuse experiences validated in the group was an essential step in her recovery. Several members stated that taking risks and sharing with others had been the most difficult for them but were integral to the healing process. As

homework, members were asked to complete the group evaluation questionnaire and to return it during Session 10.

During the final session, leaders helped members to consolidate their learning and to obtain closure by first distributing the envelopes containing their personal goals from Session 1. Members were asked to review the progress they had made in meeting their personal goals. They then discussed their responses to the evaluation questionnaire. As a final closing exercise, members shared their feelings concerning the ending of the group, discussed their self-care plans, and explored how they would continue to get support when the group was not meeting.

GROUP EVALUATION

Members were asked to complete an anonymous evaluation questionnaire near the end of the group cycle. Evaluations were distributed during Session 9 and were returned during Session 10. Five completed evaluation forms were returned. Although no validity or reliability data are available, the form asked members to rate the helpfulness of each session's topic on the following scale: 1 = *very effective*, 2 = *moderately effective*, or 3 = *not at all effective*. All participants rated each session topic as very effective or moderately effective, with the exception of one member who rated the topics concerning "bringing pleasure in your life" and "developing coping skills" as ineffective.

The form also included open-ended questions designed to obtain information concerning members' experiences in the group. The following author-selected statements are included as a representation of the members' reactions to the group and are not intended as validation of group effectiveness. In response to the question, "What thoughts and feelings came up for you during the group?" members' comments focused around emotions of anger and sadness, which evolved into anticipation, validation, and a sense of pride in their accomplishments during the group. According to one member, "I have both stated opinions and feelings I've never told a group, as well as admitted feelings to myself I've never had the gumption to confront. There has been pain, but overall it's been relieving." Another member wrote, "[I felt] anticipation—the recognition that I now have decision making skills to better my life and making it more fulfilling." A third member felt "surprise and satisfaction due to the open-mindedness of the group leaders that allowed me to freely criticize their profession and not respond defensively. Joy that there are some programs that strive to produce counselors with quality clinical skills."

A second question asked about the general effect the group had on members' lives. Members emphasized the instillation of hope and the validation they received from both members and leaders. One member wrote,

> I finally feel as though my personal decisions have credence. I have evidence now that the image of being adrift without like-minded individuals was an illusion. It's given me hope for living a life with actual friends (and potentially lovers). Without the group I would still be in a sort of limbo, dreaming but never carrying out plans to come out of my shell.

A third question asked members to explore the least and most helpful aspects of the group. When describing what was least helpful about the group experience, members felt that storytelling and "off-track rhetoric" by other group members interfered with the group process. There was also difficulty with time management in the group. According to one member, there was a "feeling of squeezing both personal talk and life strategies into sessions." Members felt a tension between a desire to process their experiences and the time the leaders needed for planned psychoeducational activities.

Members cited the education provided, the feedback from other members, and the openness of leaders as the most beneficial aspects of the group. One member valued the handouts and "guided instructions on how to process feelings," whereas another found "hearing another survivor enhance or confirm your feelings with his or her own words" as most helpful. A third member described "having the opportunity to process weekly experiences applied to group and receiving validation and support from the group" as the most helpful component.

CONCLUSIONS AND FUTURE DIRECTIONS

The psychoeducational model presented in this article is intended to address the needs of male and female survivors of childhood abuse and neglect during the later stages of their recovery. It is the authors' overall impression that the use of mixed genders and types of abuse seemed to enhance the group process. Members seemed to be comfortable with and benefit from the different perspectives that emerged from both men and women. Opposite sex members looked to one another for insight on more than one occasion. In addition, members who experienced different types of abuse all seemed to share similar characteristics that enabled them to relate to one another, regardless of the type or severity of the abuse.

Group goals were to assist members to identify the effects of the abuse on their present functioning and to learn new strategies for effectively managing their lives. These broad goals were targeted through psychoeducation, support, and enhancement of members' coping strategies and communication skills. According to members' evaluations and leaders' opinions, most group goals were met during these two group cycles. Group members reported feeling less isolated and stated that they had formed close and supportive relationships with other members. The trusting climate that developed during both cycles was due in part to the safe and accepting environment created by the group leaders. Members also had a chance to practice new interpersonal skills within the group, including the expression of emotions in healthy and appropriate ways.

There were several limitations to this support group model. First, all leaders were women, and a coleadership team made up of a male and female would have been preferable for a mixed-gender survivor group. Second, the leadership structure used during the second cycle was not optimal for group cohesion. Although leaders communicated with one another between sessions, the main difficulty with this model occurred when group leaders were not totally familiar with what had transpired in previous sessions. Group leaders may have missed opportunities to discern recurring themes that would have been a helpful part of the group process. Overall, however, group members did not describe the rotation of group leaders as detrimental to their participation. The ideal leadership design would incorporate coleaders who are present for all 10 sessions, and this structure will be followed in future group cycles.

Third, as discussed by the participants, leaders were inconsistent in their ability to balance planned, structured activities with members' needs for processing current events in their lives. The group agendas were heavily weighted toward psychoeducation, yet members' responses on the evaluation forms seem to indicate that they benefited the most from the support and validation provided within the context of the group. Future groups may be restructured to emphasize the value of support by devoting a certain number of sessions entirely to member concerns or by beginning each session with a check-in to determine what members want and need during that particular session.

In summary, the mixed-gender group described in this article fulfilled a need within the local community. With the exception of groups for female survivors of sexual abuse, many communities do not offer services for males or for individuals who experienced other types of abuse and neglect. As a step toward filling this gap, the leaders compiled the psychoeducational group format, detailed group agendas, handouts, and

structured exercises into a comprehensive leaders' manual that will be available as a resource for leaders of similar adult survivor groups in the future. It is the authors' hope that group workers will build on this model in their efforts to meet the needs of adult survivors of childhood abuse and neglect in their communities.

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